

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 120  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Ariz  
District or Township Rice or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Lorria Hoffman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>2 7 26</u> Month Day Year
5. No., in order of birth				

**8. FATHER**

Full name Charles Hoffman

9. Residence (Usual place of abode) Rice Ariz

If non-resident, give place and state.

10. Color or race 4/4 Indian

11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Rice

(State or country) Ariz

13. Occupation Common Laborer

Nature of industry

**14. MOTHER**

Full maiden name Mary Allen

15. Residence (Usual place of abode) Rice Ariz

If non-resident, give place and state.

16. Color or race 4/4 Indian

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Rice

(State or country) Ariz

19. Occupation Housewife

Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>No</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4 W on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Saenger M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos Ariz

Month, day, year \_\_\_\_\_ Filled \_\_\_\_\_ 19 \_\_\_\_\_

Registrar \_\_\_\_\_ Registrar C. H. Saenger

385-207-515

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.